



**UNITED STATES MARINE CORPS**  
MARINE CORPS AIR STATION  
POSTAL SERVICE CENTER BOX 8003  
CHERRY POINT, NORTH CAROLINA 28533-0003

AirStaO 1745.1A  
MCCS/CDP  
7 Apr 04

AIR STATION ORDER 1745.1A

From: Commanding General, Marine Corps Air Station, Cherry Point  
To: Distribution List

Subj: CHILD DEVELOPMENT CENTER PROGRAM (CDCP)

Ref: (a) MCO 1710.30D  
(b) ASO 1710.30B  
(c) CMC ltr 1701/1 over MHT dtd 22 Mar 96  
(d) ASO 1745.2  
(e) DoD 7000.14-R  
(f) ASO 3140.2  
(g) DoD 6060.1-M-18

Encl: (1) Child Development Center Registration Card  
(2) Child Development Center Admission Policies and Regulations  
(3) Child Development Center Procedures for Security  
(4) Child Development Center Procedures for Health and Sanitation  
(5) Child Development Center Procedures for Safety  
(6) Bomb Threat Response  
(7) Child Development Center Procedure for Administration of Medication  
(8) Destructive Weather Plan  
(9) Procedures for Children with Special Needs  
(10) Parent Advisory Board

1. Situation. To promulgate regulations for the effective operation, management, safe facilities, healthy environments, and quality child care of the CDCP aboard MCAS Cherry Point per references (a) through (g).

2. Cancellation. AirStaO 1745.1.

3. Mission. To provide child development services consisting of a Child Development Center (CDC), Family Child Care (FCC/OFCC) homes, Supplemental Programs and Services (SPS). The CDC provides a monthly contract program and hourly care services. The FCC/OFCC Program is covered by references (a) and (b). SPS is coordinated

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by the Child Development Program Administrator (CDPA) as governed by references (a) and (c).

#### 4. Execution

##### a. Commander's Intent and Concept of Operations

(1) Commander's Intent. The Commanding General has designated the AC/S, Marine Corps Community Services (MCCS) and Director, Personal Services for administrative and operational oversight of the CDC program.

(2) Concept of Operations The CDC Program, as established by references (a) through (g), provides quality child care to active duty military, DoD civilian personnel, Coast Guard, active duty reservists during personnel trainings, and DoD contractors. It mandates extensive background checks, specific training, adherence to strict guidelines and inspections. Responsibility of monitoring the program rests with the AC/S MCCS and the Director, Personal Services, for administrative and operational oversight through the Child Development Program Administrator (CDPA), and for daily management with the CDC Director.

##### b. Coordinating Instructions

(1) Admission Policy. Prior to admission in the CDC, enclosure (1) must be completed by all parents. Patrons utilizing the CDC for the first time will be issued a copy of enclosure's (2) and (3). Prior to admission, CDC administrative staff will verify immunization records. Children will be examined/screened by a physician within 60 days of admission. This screening must be updated at least annually. Parents/custodians of all children with medically diagnosed allergies/special needs must provide written documentation from a medical professional. A copy of the Family Care Plan is required of all single and dual active duty service members regardless of military service affiliation, and deployable single DoD civilians with children enrolled on a regular basis.

##### (2) Financial Management and Recordkeeping

(a) Cash handling procedures will be per instructions contained in reference (c).

(b) CDP personnel maintain written records of ratios, attendance, waiting lists, and hourly care usage, incident/accident reports and USDA. Information is also kept on field trips and parent participation; documentation is prepared for the purchase of supplies and food for the Program.

(c) Reasonable fees and charges to defray the cost of operating the CDC within DoD guidelines as directed by CMC shall be established. User fees and charges are established based on total family income. It is not intended that Marine Corps CDP's generate a profit. Any income collected above expenses will be invested in CDP improvements. It is also the Marine Corps position that the provision of essential child development services to families should not be at the expense of the entire Marine Corps community. For this reason, the costs of operating CDP's are paid for with revenues from fees and charges for services provided to our patrons. These fees must be paid by all authorized patrons.

(3) Quality Assurance/Inspections. Unannounced fire, safety, health and sanitation inspections are conducted monthly. The twelfth monthly inspection of the year shall be the comprehensive inspection. Multi-disciplinary team and unannounced HQMC inspections are conducted annually. The CDC Director/Assistant Director inspects the facility daily. Caregivers are involved in an ongoing assessment of their program and activity areas. Marine Corps Non Appropriated Fund Audit Service (MCNAFAS) auditors periodically inspect every facet of the CDP as required by reference (c). A Non Appropriated Fund (NAF) representative holds unannounced cash counts. Unannounced USDA audits are performed by a State representative of the Department of Environment, Health and Natural Resources. Administrative staff maintains Material Safety Data Sheets (MSDS) on all chemicals/supplies utilized by the CDP.

(4) Police, Sanitation and Maintenance. The CDC Director/Assistant Director is responsible for ensuring that the facilities are maintained in a high state of police at all times. Health and sanitation inspections are conducted monthly by personnel from the Naval Hospital. Requests for maintenance will be per current standard operating procedures, DoD policy and Marine Corps regulations. See enclosure (4) for further instructions on health and sanitation requirements. Custodial services are contracted based on requirements specified in reference (a).

(5) Safety Regulations. Safety precautions and procedures as

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described in enclosure (5) and reference (a) will be explained to each new employee prior to assuming a work status. The Director or designated representative of the CDC will conduct a daily safety inspection of the facility per reference (a) and will take corrective action(s) for any discrepancies noted. Discrepancies and corrective actions will be documented in a daily inspection log located at the CDC. Defective equipment will be tagged and removed from service. Portable equipment which has been found defective shall be placed in a location inaccessible to children until repairs are completed. The Director or designated representatives may call upon personnel of the Joint Safety Office for guidance or recommendations to correct deficiencies. Custodial equipment, supplies and materials will be inspected/approved by Safety Inspectors as a part of the inspection process.

(a) Fire Regulations/Bomb Threat. Proper fire safety and bomb threat procedures are of utmost importance in the CDC. In this regard, all personnel will become familiar with the policy as set forth in enclosures (5) and (6). Fire exit signs will be posted over each exterior exit. Monthly fire protection inspections and fire drills will be conducted by the Fire Inspector. Discrepancies will be noted and timetables for correction provided. A written report will be left with the CDC Director and a copy forwarded to the cognizant department head following each inspection and fire drill. Time of fire drills will be varied to ensure evacuation is possible during all hours of operation. A daily attendance record will be maintained by CDC activity room staff and kept readily available for conducting head counts of evacuees in the event of fire or other emergency. Occupancy load and evacuation procedures will be posted at the entrance of each activity room.

(b) Accident/Injury. Accident/injury reporting procedures will be accomplished as required by reference (a). Parents will be notified via telephone immediately and will be given a copy of the incident/accident report form upon pickup of their child(ren). In the case of a serious mishap, the CYPA and Deputy Director, Personal Services will be notified immediately. In the event of the need for emergency transportation, the supervisor will call 911.

(6) Destructive Weather Plan. Upon receipt of a destructive weather notice, CDC management will ensure that guidelines contained

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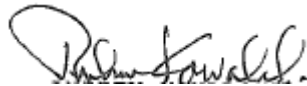
in enclosure (8) are followed. Personal Services Director will advise CDC personnel of closure.

5. Administration and Logistics. None.

6. Commands and Signal

a. Signal. This Order is effective the date signed.

b. Command. This Order is applicable to the Marine Corps Reserve.



ANDREW KOWALSKI  
Chief of Staff

DISTRIBUTION: MCAS A  
2D MAW A

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CHILD DEVELOPMENT CENTER  
REGISTRATION CARD

Dual Military  
Single Parent

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_ Rank/Rate: \_\_\_\_\_ SSN: \_\_\_\_\_

Squadron/Unit: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Rank/Rate: \_\_\_\_\_ Work #: \_\_\_\_\_

Residence: \_\_\_\_\_ Telephone #: \_\_\_\_\_

In the event I cannot pick up my child for any reason, I hereby  
authorize the following persons to pick up my child:

(1) \_\_\_\_\_  
(Name) (Address) (Phone)

(2) \_\_\_\_\_  
(Name) (Address) (Phone)

I HEREBY AUTHORIZE THE NAVAL HOSPITAL, MCAS, CHERRY POINT, NORTH  
CAROLINA TO ADMINISTER THE NECESSARY MEDICAL TREATMENT REQUIRED TO  
SUSTAIN LIFE TO MY CHILD \_\_\_\_\_ (child's name)  
IN THE EVENT OF SERIOUS ILLNESS. \_\_\_\_\_  
(Sponsor's signature) (Date)

**IMMUNIZATION RECORD**

	DATE	DATE	DATE	DATE	DATE	DATE
DPT						
OPV/IPV						
MMR						
VARICELLA						
HIB						
HEP B						
OTHER						

**ALLERGIES/SPECIAL NEEDS** \_\_\_\_\_

ENCLOSURE (1)

## CHILD DEVELOPMENT CENTER ADMISSION POLICIES AND REGULATIONS

### PHILOSOPHY

The CDC believes that a developmentally appropriate program is child centered and process oriented, enhances all domains of development, identifies and meets individual and group needs, provides concrete hands-on experiences, promotes positive strategies for guidance, and believes in the inherent importance of families in child development.

### GOAL

Our goal is to provide a safe and nurturing environment that promotes the physical, social, emotional, and cognitive development of young children while responding to the needs of families.

### OUR COMMITMENT TO COMMUNICATE

We believe it is our responsibility to communicate with you regarding your child's experiences at the CDC. Our caregivers are interested in working with you in meeting your child's individual needs. There are a variety of ways that we will communicate with you, including daily communications, periodic newsletters, parent bulletin board, and parent/caregiver conferences.

### CHILD DEVELOPMENT PROGRAM POINTS OF CONTACT

Children Development Program Administrator	466-6181
Child Development Center Director	466-6886
Child Development Center Asst Director, 4629	466-5856
Child Development Center Asst Director, 4298	466-3781
Resource & Referral Assistant	466-3595/5079
Family Child Care Home Director	466-4867
USDA Food Program Manager	466-6423
Training and Curriculum Specialists	466-6824
CDC Front Desk - Bldg 4298	466-3782/3783
CDC Front Desk - Bldg 4629	466-3105
Hourly Care	466-3491

### ADMISSION

Eligibility: The status of the sponsor will determine the eligibility of children enrolled. Eligible patrons (sponsors)

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include military personnel, DoD personnel paid from APF and NAF, Reservists on active duty or during inactive personnel training, and DoD contractors. We will evaluate special needs children for admission on an individual basis and will enroll a special needs child if it is determined the CDC is able to meet the child's special needs.

Priority of access will be determined by the Installation Commander based on childcare spaces and dependent upon childcare needed for mission accomplishment and maintenance of operational readiness. First priority will be given to children of active duty military personnel and DoD civilian personnel assigned to the installation who are single parents with custody or whose spouse is also a military member on active duty or who is employed on a full-time basis outside the home (includes spouses who are students).

#### IMMUNIZATION REQUIREMENTS

All children are required to be current in their immunizations per the most current Advisory Committee on Immunization Practices (ACIP) recommendations. Changes to required immunizations will be directed by Naval Hospital personnel.

#### CURRICULUM

Learning in young children is the result of interaction between the child's thoughts and experiences with materials, ideas, and people. Knowledge of child development is used with an understanding about individual growth patterns, strengths, interests, and experiences to design the most appropriate learning environment. Child initiated, child directed, caregiver supported play is an essential component in providing an age-appropriate and individually appropriate learning situation.

The CDC follows National Association for Education of Young Children (NAEYC) guidelines for developmentally appropriate practices, which are as follows:

Developmentally appropriate curriculum provides for all areas of a child's development; physical, emotional, social, and cognitive, through an integrated approach.

ENCLOSURE (2)



Appropriate curriculum planning is based on caregivers' observations and recordings of each child's special interests and developmental progress.

Curriculum planning emphasizes learning as an interactive process. Caregivers prepare the environment for children to learn through active exploration and interaction with adults, other children, and materials.

Learning activities and materials should be concrete, real, and relevant to the lives of young children.

Programs provide for a wider range of developmental interests and abilities than the chronological age range of the group would suggest. Adults are prepared to meet the needs of children who exhibit unusual interests and skills outside the normal developmental range.

Caregivers provide a variety of activities and materials; caregivers increase the difficulty, complexity, and challenge of an activity as children are involved with it and as children develop understanding and skills.

Adults provide opportunities for children to choose from a variety of activities, materials, and equipment; and time to explore through active involvement. Adults facilitate children's engagement with materials and activities and extend learning by asking open-ended questions or making suggestions that stimulate children's thinking.

Multicultural, non-sexist experiences, materials, and equipment should be provided for children of all ages.

Adults provide a balance of rest and active movement for children throughout the program day.

Daily outdoor experiences should be provided for children of all ages.

Our program is center based, child initiated, caregiver supported, with an emphasis on active participation through individual and small group activities. Children will be provided the opportunity to participate in the following developmentally appropriate activities:

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\*Dramatic play helps children with

Cooperative Play	Language Development
Creativity	Role Playing
Group Decision Making	Self Concept
Interaction	Spontaneous Discussion
Encourage Ethnic Awareness	

\*Housekeeping helps children with

Conversation	Cooperative Play
Family Roles	Family Chores, Events
Group Decision Making	Problem Solving
Responsibility	Self Concept

\*Language Activities help children with

Acquaintance with symbols	Comprehension
Conversation	Listening
Memory	Reading
Visual Discrimination	Writing
Imagination	Expanding Awareness of Books, Stories and Printed Materials

\*Large Motor Activities help children with

Balance	Cooperative Play
Exercise	Flexibility
Motor Control	Movements
Safety	Strength

\*Manipulative help children with

Assembling	Construction
Creativity	Patterning
Part/Whole	Problem Solving
Role Playing	Small Motor Control

\*Sand/Water Play helps children with

Construction	Creativity
Measuring	Motor Control

ENCLOSURE (2)

Quantity  
Self-Confidence

Relaxation  
Tactile Stimulation

\*Science helps children with

Awareness  
Discovering  
Exploring  
Observing

Describing  
Experiencing  
Problem Solving  
Questioning

\*Art helps children with

Awareness  
Exploring Media  
Relaxation

Creativity  
Language Development  
Self-Expression

Sense of Color and Design

Small Motor Control  
Self-Confidence

\*Blocks help children with

Balance  
Cooperative Play  
Patterning  
Self-Confidence

Construction  
Creativity  
Problem Solving  
Shape and Size

\*Books help children with

Visual discrimination  
Describing  
Observing  
Listening  
Comprehension

Creativity  
Language  
Self-Confidence  
Memory  
Writing  
Increased Ethnic Awareness

\*Music helps children with

Auditory Discrimination  
Movement  
Creativity  
Self-Confidence  
Awareness

Rhythm  
Expression  
Language  
Listening  
Awareness of Differences

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\*Computers help children with

Fine Motor Control	Left/Right Orientation
Creativity	Language
Reading	Symbols
Memory	Spatial Orientation
Motor Planning	Sequencing
Following Directions	Self-Confidence

\*Family Style Eating helps children

Making Decisions	Cooperating
Increasing Motor Skills	Taking Turns
Discriminating	Increasing Language Skills
Improving Social Skills	Increasing Acceptance of
Sequencing	Different Foods
Developing Self-Esteem	

#### DAILY SCHEDULES

Infants:

0600-0730	Welcome/Floor Time
0730-0830	Breakfast
0830-0930	Music/Listening/Large & Small Muscle/Language
0930-1000	Snack
1000-1015	Music/Quiet Activities
1015-1045	Outside Time
1045-1130	Floor Time
1130-1230	Lunch
1230-1330	Quiet Activities/Small Motor/Language
1330-1400	Outside Play
1400-1430	Auditory & Sensory Activities
1430-1530	Snack
1530-1600	Floor Time
1600-1630	Music/Movement
1630-1700	Language
1700-1800	Free Choice

All Others:

0600-0730	Quiet Activities
0730-0800	Breakfast

ENCLOSURE (2)

0800-0900	Self-Selected Activities
0900-0930	Outdoor Play
0930-0945	Snack
0945-1115	Self-Selected Activities
1115-1125	Children Clean Up
1125-1200	Quiet Activity/Lunch/Toileting
1200-1415	Nap/Rest Time
1415-1430	Put Away Blankets/Prepare for Snack
1430-1450	Snack
1450-1515	Self-Selected Activities
1515-1615	Outside Play
1615-1800	Self Selected Activities

#### PROGRAMS OFFERED

Full-Time Care: Full-time care is available for children ages 6 weeks through 5 years of age, Monday - Friday, 0600 - 1800.

Part-Time Care: Part-time care is available for children 2 years of age, 0830 - 1230 MWF or T/Th, AM. Care is available for children 3 - 5 years of age, 0830 - 1230 or 1300 - 1600 MWF/TTh, AM or PM.

At the time of registration for either program, it is necessary to present the following:

- \* Completed Registration Card
- \* Up-to-date Shot Record
- \* Medical Documentation of Allergies/Special Needs
- \* Signed Payment Policy
- \* Signed Discipline and Touch Policies
- \* Family Care Plan
- \* USDA and Parents Statement
- \* Permission Slips
- \* Financial Information needed to complete DD-Form 2652.

Patrons are responsible for keeping all registration information current.

Hourly Care: Hourly care is offered on a space available basis, with reservations being accepted up to 2 weeks in advance. Hourly care is available Monday through Friday from 0900 to 1630. Arrangements,

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for hourly care before 0900, may be accommodated by the CDPA. Hourly care is available for children 6 weeks up to 12 years of age. When all spaces for hourly care have been taken for the day a waiting list for that day will be started. Patrons on the waiting list will be called, if possible, when spaces become available. Patrons will be charged for the time reserved. The rate for hourly care is \$2.50 per hour/per child; \$1.25 per half hour/per child with the exception of the first hour which is not prorated. Charges for hourly care must be paid when the child is picked up. **Cancellations must be made 2 days prior to the reservation date. Failure to make the 2 day advance cancellation will result in the patron being obligated to pay \$2.50/hour for the reserved time. Patrons must pay the charges before future use of hourly care.** Patrons late in picking their child(ren) up will be charged a late fee of \$7.50 for the first 15 minutes (or portion thereof) per child and \$3.00 for each additional 15 minutes (or portion thereof). All late fees are payable at the time of pickup of the patron's child(ren). Emergency situations will be assessed on a case-by-case basis by the CDC Director.

Children must have up-to-date shots verified by CDC staff, a current registration card (with any known allergies identified, an emergency contact, and be eligible to use the CDC). Children must be able to participate in the planned program of activities for the age group.

Volunteers for service organizations aboard Cherry Point may make their written reservations up to 1 month in advance. Charges for volunteers will be assessed as stated above.

Due to health and sanitation regulations, all foods with the exception of infants' bottles and jar food must be prepared and served from the CDC kitchen.

For safety reasons, no jewelry, barrettes or rubber bands are allowed to be worn by infants and pretoddlers.

Waiting List: Once the CDC reaches capacity enrollment for any age group, we will maintain a waiting list by date of "Request for Care". Parents are requested to contact the Resource and Referral Specialist for waiting list information. Vacancies are filled from the waiting list by age group based on the Priority of Access and HQMC implemented waiting list management policies. Priority I will be given to children of active duty military personnel and DoD civilian personnel assigned to the installation who are single parents with

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custody, or whose spouse is also a military member on active duty or who is employed outside the home, including spouses who are full-time students. Priority II is defined as all other military and DoD civilian personnel assigned to the installation. Priority III is defined as all other eligible patrons. Retirees and sponsors assigned to other installations may be eligible when a waiting list does not exist and space is available. No more than 30 percent of available childcare spaces will be filled at any one time by children of DoD civilian employees assigned to the installation unless no waiting list exists. Families on either waiting list may decline the offer of a space once and remain on the list; if they decline a second time, they will be removed from the list and must reapply with the Resource and Referral Specialist. Families requesting care for unborn children may complete the "Request for Care" with a doctor's note confirming pregnancy.

Withdrawal: We respect a parent's right to withdraw a child from the CDC. Proper notification to withdraw a child from the program as outlined in the payment policy is required. Please complete the withdrawal form at the CDC front desk not later than the first of the month for withdrawal to be effective on the 15th and not later than the 16th of the month for the withdrawal to be effective on the last day of the month. Without appropriate notice, you will be charged for the upcoming period 1-15 or 16-30/31, whether or not your child is in attendance. Should you have a child care fee balance at the time of withdrawal, pay checkage will be implemented to retrieve the outstanding funds. We reserve the right to cancel enrollment of a child from the CDC when a parent does not adhere to CDC policies. **Further, if the individual needs of a child within group care cannot be met, we reserve the right to withdraw your child. When a situation is identified which could lead to withdrawal, we will work with the parents to overcome the problem.**

#### PROCEDURE FOR HANDLING UNACCEPTABLE BEHAVIOR

The child guidance/discipline policy will be designed to assist the child in developing self-control, self-respect and respect and consideration for the rights and property of others.

The following steps will be adhered to in planning interventions:

The caregiver makes known to management there is a pattern of

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unacceptable behavior (unacceptable behavior includes, but is not limited to, hitting, kicking, spitting, biting, profane language, continued lack of respect for adults, classmates, and materials, etc). At that time, the caregiver will provide documentation on incidents/accidents, which have occurred, interventions that have been attempted to date, and on parent contacts.

Parents are called in for a conference with management and caregivers for the purpose of formulating a plan of action to correct the issue.

With input from the caregiver and parents, a 2 week written intervention plan is developed with agreement of all parties. The plan includes written feedback from caregivers. A follow up meeting will be scheduled if needed. Disenrollment of a child may occur at any time if the unacceptable behavior continues or if there is no parental support.

Should it be necessary during this 2 week period for management to call parents 3 times to pick up their child for the unacceptable behavior for which the intervention plan was developed, the child will automatically be disenrolled. Should withdrawal become necessary, our Resource and Referral Specialist will be available to render assistance in locating alternative care.

#### FINANCIAL POLICIES

Fees: As mandated by DoD regulations, fees are based upon total family income using the service member's most recent LES. The most recent copy of the spouse's W-2 or LES will be used to verify income for non-military personnel. All fees are payable in advance and are due on the 1st and/or 16th of each month, as outlined in our payment policy. (Please note that payments are accepted at the CDC front desk from 0630-1630 Monday - Friday). If payments are not received by the fifth working day following due dates, the child will not be accepted for care. If tuition remains delinquent on the first day of the next month and no parent contact has been made, pay checkage will be effected to retrieve the pending balance and the child will be disenrolled effective that day. Should you have a change in your total family income, patrons are asked to bring verification of the change in income to the front desk. Fee changes will be effective for the fee period after documentation is provided and the Verification of Income is signed by the sponsor and spouse. Changes in income that would result in lower childcare fees are not

ENCLOSURE (2)



retroactive. **Patrons are requested to keep receipts for payments of child care services.** Should you need assistance with your account, please call 466-6886. A registration fee will be paid at time of initial enrollment of first child. After Hours Fees: Failure to pick up children by closing time will result in a late charge of \$7.50 for the first 15 minutes (or portion thereof), and \$3.00 for each additional 15 minutes (or portion thereof). Please notify the CDC if, due to some emergency, you are unable to arrive by closing so that staff on duty may plan accordingly.

#### OPERATIONAL POLICIES

Hours of Operation: The CDC is open from 0600 to 1800 for full-day care, Monday through Friday. It is open for hourly care from 0900 to 1630, Monday through Friday. Hours for Part-Day Program for ages 2 - 5 years are MWF/TTh, 0830 - 1230 AM. An afternoon program is also offered for 3 - 5 years from 1300 - 1600.

Arrival and Departure: For your child's safety, we require that the adults (16 years or older), escort each child to his/her activity room. Parents should complete the sign-in procedures in the CDC lobby. Parents are required to sign out upon the child's departure. For the protection of the children, only persons authorized by the sponsor and listed on the Registration Card may take a child from the CDC. Authorized pick-ups must be at least 16 years of age. Identification is required before a child is released to an escort. Please note that it is against Air Station Regulations to park in the fire lane. ASO 5560.3B prohibits children age 10 and under from being left in a vehicle unattended by an adult. At no time should vehicles be left with the engine running. (Please call PMO for further information).

Child Custody: Legal documentation of the rights of each parent is required in order to restrict visitations. In the event of an attempt by an unauthorized parent to remove a child by force, CDC staff will not endanger other children or staff to prevent the child from being taken. PMO will be notified immediately.

Video Review: All requests for viewing videotapes must be submitted in writing. The CG or his designate will decide on whether to permit viewing of videotape recordings after receiving advice from the SJA.

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REQUEST TO VIEW CHILD DEVELOPMENT CENTER VIDEOTAPE

Date:\_\_\_\_\_

Parent/Guardian Name\_\_\_\_\_

Child's Name\_\_\_\_\_

Child's Age\_\_\_\_\_Child's Room Assignment\_\_\_\_\_

I am requesting to view the videotape dated \_\_\_\_\_  
for activity room\_\_\_\_\_.

Please write a brief summary of the reason you are requesting to view  
this video tape:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Requests to review videotapes are routed up the Chain-of-Command and  
are approved by the SJA or authorized representative.

\_\_\_\_\_  
CDC Director Signature

\_\_\_\_\_  
Date

ENCLOSURE (2)

Child Abuse/Neglect and Discipline

Per reference (e), the CDC Director will report to the CDPA any situation or condition where there is reasonable cause to suspect that child abuse/neglect has occurred. The Family Advocacy Program Manager (FAPM) will be notified to make the determination as to further action to be taken. If FAPM is unavailable, DDS will be notified. After working hours the sheriff's department will be contacted.

In any case where child abuse/neglect may be suspected, the following procedures will be followed:

Immediately notify and report the circumstances to the Director, CDC.

When the abuse/neglect is suspected to have occurred outside the CDC, the Director/Assistant Director will notify the CDPA and FAPM. The CDC Director is responsible for coordination with FAPM who will contact the County Department of Social Services (DSS). DSS may conduct interviews with child development personnel, and other personnel as necessary, to determine the circumstances surrounding the suspected abuse/neglect. When criminal acts are suspected, investigation by appropriate Air Station representatives may also be conducted in conjunction with DSS.

When child abuse/neglect is alleged or suspected within a child development setting, CDC staff is required to report the suspected/alleged abuse/neglect immediately through their chain of command to FAPM. All CDC employees receive a copy of the Reporting Child Abuse and Neglect Policy. The CDC Director takes personnel actions as necessary. The full and part-time employee shall be assigned to duties in which contact with the children is not possible until the investigation is complete. The flex/intermittent employee shall not be scheduled. FAPM will contact civilian authorities and base officials as required. All incidents and subsequent action will be documented by appropriate CDC staff. The CYPA is responsible for coordination with FAPM and the appropriate military and civilian authorities to ensure follow through on all allegations of abuse involving CDC's. Local telephone numbers for reporting child abuse/neglect will be displayed in the CDC lobby. Training in the identification and dynamics of child maltreatment will be provided to all CDC staff.

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The CDC guidance and discipline policy is designed to help the child develop self-control, self-respect and respect for the rights and property of others. This policy provides positive guidance, allows for redirection and sets clear behavior limits. It is against CDC policy to inflict corporal punishment or any humiliating or frightening punishment on children while on CDC premises. The substantiation of use of corporal punishment by any CDC employee is grounds for immediate dismissal. This includes spanking, hitting, slapping, pinching, shaking, or any other form of physical punishment. Incidences of verbal abuse, threats and derogatory remarks and withholding or forcing meals, snacks or naps are forbidden and, if substantiated, are grounds for immediate dismissal. Children will not be punished for lapses in toilet training. All CDC personnel will be provided and acknowledge receipt of the guidance, discipline, and touch policies prior to working with children.

Caregivers are to report to the CDC Director or Assistant Director any known circumstance of a child being left unattended. Caregivers are required to know at all times the number of children in their care and are held accountable for the whereabouts of the children at all times. Should a child be left unattended the appropriate disciplinary action will be taken.

Parents/guardians are prohibited from disciplining a child by striking, shaking, or any other form of physical punishment while on the premises of the CDC, to include the playground, the parking lot, and the surrounding grounds. Parents/guardians will acknowledge their understanding of this policy as a part of the agreement to enroll their child(ren) in the CDC. Violation of such prohibition may result in disenrollment of the child(ren) from the CDC.

Children engaging in aggressive behavior (i.e., hitting, kicking, pushing or being disruptive within group setting) will be assisted by redirecting the child toward desired activities. An incident/Accident Report will be filed by the CDC caregiver stating circumstances surrounding the behavior. Time-out will be used only if the child is in the situation of hurting himself/herself, hurting others or destroying property. When time-out is used, children will be given an explanation as to why they are being given a time-out period. Aggressive behaviors are most often present when children

lack the skills to cope with frustrating situations and are to be handled by validating the child's feelings and/or redirecting the child towards another activity. If there is a pattern of unacceptable behavior, including continual aggressive behavior's toward the CDC staff or other children, the child will be sent home. Conferences will be scheduled with the Assistant Director and parents to develop and implement a proactive plan of action for the child. Should the parent be notified to pick up the child 3 times within a 2 week period, the child shall be disenrolled. Disenrollment may also occur when the behavior continues with no observable progress or when there is lack of parental support. For the most serious cases involving assaults upon children or CDP Staff, the Air Station Inspector has the authority to suspend or debar.

**DoD Child Abuse Hotline Number: 1-800-336-4592**

Emergencies: Every precaution is taken to prevent injury to your child, but in the event of accident or medical emergency, we proceed as follows:

A staff member who is certified in CPR/First Aid will administer emergency first aid or CPR.

Parents will be notified by telephone and given a written accident report.

If the situation warrants, 911 emergency assistance will be requested.

If a parent is not available, the emergency contact will be notified.

If a parent or the emergency contact does not arrive before the emergency transport, the CDC supervisor will accompany the child to the hospital.

In the event of destructive weather, children will be sent home when Condition II has been set, or when the Personal Services Director directs, as cited in enclosure (8). For information on suspected or impending destructive weather, patrons are urged to listen to Channel 12 TV, Q105 radio, or call 466-3093.

Fire drills are practiced monthly. In the event of a fire, everyone

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will be evacuated from the building as expeditiously as possible. Utilize the posted evacuation plan and move at least 75 feet from the building. In case of a bomb threat, the same evacuation procedure will apply. All children and adults will move at least 750 feet from the building.

Special Needs/Handicapped Children: No otherwise qualified child/youth/parent with a disability shall be subjected to discrimination by child development or youth services. Children and youth with special needs are defined in reference (a).

A team of cognizant personnel will make an assessment and report up the chain of command on any child or youth who cannot be reasonably accommodated. The ability of the CDP to reasonably accommodate a special needs child will be determined by the Special Needs Evaluation Review Team (SNERT) as cited in enclosure (9).

Parents with children who have special dietary needs will be provided with the CDC's menus in advance. It is the responsibility of the parents to make appropriate substitutes when necessary.

Training specific to the special needs of the individual shall be received by applicable program personnel or FCC/OFCC provider prior to working with a special needs child or youth. Liaison will be established with the Naval Hospital for provision of immediate support in the event of an emergency. Availability of emergency support will be a factor in assessing the program's ability to care for a special needs child.

Child Allergies/Special Needs: **Official medical documentation is required for each child with any known allergy/allergies.** Each child identified as having a food allergy/special need common to play areas (insect bites, etc.) will wear a bracelet as a means of immediate alert to staff that the child has an identified allergy. These bracelets will be given to all hourly care children as well as full and part-day children. Parents who register children with allergies for hourly care will be furnished a bracelet to affix to their child's wrist at the time of sign in at the CDC front desk. Children registered for part-day and full-day care will have the bracelets affixed by the caregiver in the child's activity room. Caregivers are to check the bracelets for stated allergies. All full and part day activity rooms have the updated allergy list posted for review

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before all meal services. It is standard operating procedure for all caregivers to check the allergy list before any foods are served to the children. Additionally, it is standard operating procedure for the kitchen staff to review the allergy list and make appropriate food substitutes before any foods leave the kitchen for the activity rooms. Allergic reactions are a **serious** medical condition. In all situations, the first response is to contact the appropriate medical authority by calling 911, stating the location of the child (Bldg 4629 New CDC; or Bldg 4298 Old CDC), the child's age, and the reason for the call. After medical authorities have been contacted, the child's parents will be contacted to notify them of the incident and action taken.

Child Health Screening: CDC staff will observe each child upon arrival and during the day for obvious signs of illness. Children who appear to be ill or who show visible signs of illness, which prevents him/her from participating in daily activities, will be denied admission or parents will be called to pickup the child. Ill children, who require care beyond the capabilities of CDC staff, compromising the health and safety of other children in the CDC, will be denied care. A child sent home because of illness may not return the next day unless he/she has a doctor's statement indicating when the child may return to the CDC. A doctor's statement does not apply to children with lice or conjunctivitis.

Children will not be denied admission or sent home unless 1 or more of the following conditions exist:

Temperature: Oral temperature 100.6 degrees Fahrenheit; or axillary temperature 101.6 degrees Fahrenheit or greater.

Symptoms and signs of possible severe illness (uncontrolled coughing, irritability, persistent crying, difficult breathing, wheezing, lethargy) that prevents him/her from participating in activities.

Persistent diarrhea (more than 3 watery stools within a 3 hour timeframe).

Persistent vomiting (2 episodes).

Rash with fever or joint pain.

Scabies, head lice, or other infestations. (Child will be

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checked by CDC personnel and may return to care when all signs and symptoms of infestation have been resolved).

Infected skin or crusty patches.

Yellowish skin or eyes.

Impetigo and ringworm.

Hemophilus influenza type B and meningococcal infection (until approved by health care official).

Strep throat or other streptococcal infection.

Chicken pox: Until all sores have dried and crusted or based on written recommendation of physician).

Pertussis: 5 days of appropriate antibiotic treatment has been received.

Mumps: 9 days after onset of parotid gland swelling.

Stitches: With a doctor's note.

Hepatitis A virus: 1 week after onset of illness or as directed by the appropriate health official.

Measles: 4 days after onset of rash.

Rubella: 4 days after onset of rash.

Tuberculosis: A health care official authorizes return.

Conjunctivitis: Eyes are clear and there is no discharge.

Thrush: 24 hours after treatment has begun.

Parents of all children will be notified when children have been exposed to bacterial meningitis (H influenza), Neisseria Meningitis, Pertussis, Streptococcal infections, Scarlet Fever, Chicken Pox, lice or scabies, Giardia lamblia diarrhea, Hepatitis A virus infection. Preventive Medicine Service will be contacted for recommendations regarding control measures.

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Caring for Ill Children: The CDC cannot care for ill children. In the event a child becomes ill at the CDC, the parents will be notified to pick up the child. We will isolate with supervision any child suspected of having a contagious condition until the parent arrives. The child must be picked up as soon as possible. A child sent home because of illness may not return the next day unless he/she has a doctor's statement indicating the child may return to the CDC. Parents of all children exposed to a communicable disease will be notified. In the case of conjunctivitis, children may not return until the eyes are clear and no discharge is present. Children with head lice may not return to the center until all nits are out of the hair.

Administration of Medicine: Medication will be administered only within full-day programs enrolling regularly scheduled children. Medication will be administered only when prescribed by a physician and only when there is no other reasonable alternative to the medical requirement for the child. Written permission from the parent or guardian must be obtained before administering medication. Children will be on medication at least 24 hours before dosage is administered by CDC personnel. Administration of over-the-counter or PRN (as needed) medication will be limited to diaper ointment, sunscreen, and insect repellent (approved for use on young children). Forms required for administering medication are available at the Naval Hospital and at the front desk at the CDC. **The CDC is not permitted to make any exceptions to the administration of medication policy.**

Oral Health: Children over 2 years of age enrolled for full-time care will brush their teeth after lunch. Each child will have a personally labeled toothbrush. Toothbrushes will be stored so they do not drip on other toothbrushes, separate from one another and exposed to the air to dry, not in contact with any surface.

Meals and Snacks: Nutritious meals and snacks are an important part of your child's day. We serve meals family style in order to create a pleasant, home-like atmosphere. Breakfast is served at 7:30 AM, mid-morning snack at 9:30, lunch at 11:30 and afternoon snack at 2:30. Children arriving 15 minutes after meal service has begun will not be served. Monthly menus are posted in the lobby and in each activity room. Copies are available at the front desk. All food served at the CDC meets the standards set by the U. S. Department of Agriculture. We request that parents of children 12 months and older refrain from bringing food from home unless a child requires a

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special diet for medical reasons. To comply with licensing standards for children on special medical diets, we must have the physicians order and a copy of the diet meal plan in the child's records.

Children in the infant rooms are fed on their own individual schedule. Parents may provide food and formula for children who are not yet eating table food. Bottles provided daily by parents must be prepared, labeled and dated at home. Only unopened baby food jars labeled with the child's name and date can be accepted. Sanitation regulations require staff to discard leftover food and formula/milk after feeding. Parents of children above the age of 12 months, who are unable to participate in family style dining, must make prior arrangements with management.

Risk Management: Every effort is made to provide a safe and secure environment for children. The CDC has a central intercom system as well as a central fire alarm. Each activity room has exits leading directly out of the CDC. A fence surrounds the playgrounds. All areas accessible to children are monitored by closed circuit TV. Exterior doors, which do not open to a fenced area, are equipped with an alarm to alert staff of unauthorized entry or exit. All visitors will be required to sign in and out of the facility and will be escorted by a staff member while on the premises. To deter child abuse in the CDC, access to children by individuals not employed by the program will be restricted. Any family member of an employee may not go beyond the lobby unless they are escorting an enrolled child to and from his/her activity room. Routine maintenance personnel will be identified to the staff, but will not necessarily be accompanied while performing their duties.

Staff/Child Ratios: The ratio of staff to children must be sufficient at all times to maintain constant supervision and to quickly effect evacuation in the event of fire or other emergency. The following minimum staff/child ratios shall apply at all times:

<u>CATEGORY</u>	<u>AGES</u>	<u>STAFF to CHILDREN</u>
Infants	6 weeks - 12 months	1:4
Pre-toddlers	13 months - 24 months	1:5
Toddlers	25 months - 36 months	1:7
Preschool	37 months - 5 years	1:12
School age	5 years and older	1:15

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There shall be a minimum of 2 adults in the CDC at all times, regardless of the number of children present.

Two caregivers will be present with each group of children at all times. When this is not possible due to limited room capacity or usage, children will be supervised by a caregiver and through closed circuit television.

During periods of inactivity (nap time) or rest, the ratio of children, excluding infants to 24 months, may be increased by 100 percent, provided additional adults are available in case of emergency. These staff members must remain in the building where the children are sleeping or resting and be readily available in case of emergency.

A staffing plan is maintained which indicates that caregivers are routinely assigned to a specific group of children. Each child is assigned to a primary caregiver. To promote consistency and meet program objectives, at least 1 full time caregiver will be available to each age group throughout the day.

#### Group size

The number of children assigned to a group shall be limited. The following group size requirements shall be met at all times of the day, except during arrival and departure time, rest time and social activities such as field trips.

<u>AGES</u>	<u>MAXIMUM GROUP SIZE</u>
6 weeks - 12 months	8
13 months - 24 months	10
25 months - 36 months	14
37 months - 5 years	24
5 years - 12 years	30

For mixed age groups, each CDC shall meet the group size requirement for the youngest child in the group; when the children of that age category make up less than 20 percent of the group, the group size requirement of the next highest age category may be used.

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If more than one group occupies a single room, each group must have its own clearly defined physical space, equipment and furnishings unless a waiver is received from HQMC.

When placing children into age groups, consideration should be given to each child's physical and emotional maturity. Transition from one group to another will be based on recommendations of the caregivers and Training and Curriculum (T&C) Specialist. Crawlers, toddlers and walkers will be separated.

Volunteers. The use of volunteers is encouraged as a means of providing additional support to the program (i.e., assisting in the care of children with special needs or on field trips, conducting special activities or lessons). At no time shall volunteers be left with the sole responsibility of a child or children or be without supervision of qualified staff. All volunteers are required to complete an 8 hour orientation class and complete 4 hours of observation as required by reference (a). This training shall include information on center policies, procedures and protecting the health and safety of children. Volunteers also require background screening.

Employee Training. Ongoing staff training will be provided for all personnel on a regular basis to promote the cognitive, social, emotional, and physical development of children. The T&C Specialist will develop, implement and maintain an Individual Education Plan (IEP) for each CDC staff member. Each IEP will address staff orientation, initial, and ongoing training. All training attended and/or completed by CDC personnel will be documented in their respective training files. Training will be reviewed annually. Successful completion of training is a condition of employment. Upon successful completion of DoD training modules or approved training program, each caregiver shall complete a minimum of 24 hours of annual ongoing training. Management staff shall participate in 12 hours of annual training. Food service personnel shall receive a minimum of 4 hours of initial training prior to beginning food service duties and 6 hours of annual training. Support staff shall receive a minimum of 6 hours of annual training. Specific training requirements are outlined in reference (a).

Background Checks. Per the Crime Control Act of 1990, all employees who come in contact with children in the CDC must have a completed

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background check before being left alone with the children. Background investigations are initiated by the applicable personnel office in conjunction with a local records check conducted by the Command Security Manager.

Orientation. Appropriate CDC staff will provide orientation to newly hired personnel before they are allowed to provide care for children. The orientation will include a minimum of 8 hours, to include the following:

Position overview.

Applicable regulations and installation policies.

Child health and safety.

Child abuse/neglect prevention, identification and reporting.

Age-appropriate guidance and discipline.

Parent and family relations.

Fire prevention, protection, emergency evacuation and safety procedures.

Accident reporting procedures.

Appropriate and inappropriate ways of touching children.

Health and sanitation procedures, including personal hygiene and sanitation principles.

A minimum of 4 hours of observation in child activity room(s).

Initial training. All care giving staff will complete a minimum of 36 hours of initial training within the first 6 months of employment. First aid, CPR, child abuse/neglect prevention and emergency medical procedures must be completed within 60 days of employment. Annual renewal of CPR is a condition of employment. Caregivers failing to renew CPR or First Aid will be taken off the schedule until the renewal is received. Additional training includes child growth and development, age appropriate activities for children, classroom

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management and child guidance, special needs, food handling, nutrition and meal service requirements. Following initial training, each caregiver will participate in a minimum of 2 hours module training each month.

DoD Caregiver Training Program. All direct care personnel will participate in ongoing training which includes the DoD Caregiver Training Program. Satisfactory completion of the training program is a condition of employment and is evidenced by documentation of completed competency assessments in the caregiver's training file. When module completion is not mandatory, caregivers will be required to demonstrate competency in all 12 areas through documented observations.

Ongoing Caregiver Training. Upon completion of the modules, caregivers will be required to complete 2 hours of specialized training each month.

Food Service Personnel Training. All food service personnel must be thoroughly trained in personal hygiene and food sanitation. All food service personnel will receive a minimum of 6 hours initial training. Refresher food service sanitation training and other related training would be required for a minimum of 4 hours annually.

Management Training. The CDPA, CDC Director, CDC Assistant Director, and the T&C Specialist will participate in 12 hours of ongoing annual training provided by HQMC, national/local professional organizations such as NAEYC or local affiliates.

Support Staff Training. The T&C Specialist will develop, implement, and maintain IEP's for CDC support staff to include, but not limited to, operations clerks, and receptionists for a minimum 6 hours annually as delineated in reference (a).

Parent Advisory Boards. A Parent Advisory Board (PAB) is established with parent representation from Children and Youth Programs to provide recommendations for the improvement of services in children and youth programs operated aboard the installation. Meetings will be open to all parents with children enrolled in any child development program. The PAB will meet at least quarterly. The PAB will act only in an advisory capacity and will not engage in the management and operation of the CDP. A function of the Board is to

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provide recommendations for the expansion and improvement of services. The Board's recommendations will be forwarded through the chain of command to the CG for review and disposition. The minutes shall be reviewed by the CG. The Board will meet periodically with the program administrative staff and the commanding officer's representative.

Parent Participation Program. Parents shall be offered the opportunity to be involved in quality assurance and provide feedback to staff and providers through parting questionnaires and annual patron surveys. One CDP administrative staff member will be assigned as Parent Participation Coordinator and have primary responsibility for the parent participation program. The PAB will work with the Parent Participation Coordinator to develop the plan and oversee the implementation. The plan will encourage parents to volunteer in CDP activities and attend special events including:

Field trips.

Special curriculum programs.

Special projects (playground improvement, facility cleanup).

Parent education workshops.

The Parent Participation Plan will include goals and objectives, parent education activities, and parent/staff communications. Parents will have unrestricted access to their children and will have an opportunity to talk to their child's caregiver when the child arrives and departs. The parents of children under the age of 2 years will be provided written information on the children's sleeping and eating habits as well as other pertinent information on a daily basis. A parent conference for each child enrolled in regular full-time and part-time care will be offered annually, and at any other time as requested by parents or staff.

Program of Activities. Each program will provide developmentally appropriate activities for each age group, which promotes the intellectual, social, emotional, and physical development of children.

The objectives for full-day, part-day, and hourly care will be the same and the following will be provided:

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A planned schedule of developmentally appropriate activities in a prepared, well-organized environment, including adequate child-sized furnishings, materials, and supplies that offer children an opportunity to engage in a variety of activities that will foster development.

A trained staff with knowledge and understanding of developmental stages and physical growth patterns of children.

Opportunities for parents to observe children and participate in their activities.

A balance of active and quiet activities.

A clean, safe, healthy environment will be provided, as cited in enclosure (4).

Age-appropriate activities, which promote the total development of the child, will be planned and provided.

At minimum, 1 full-time caregiver in each group will be available consistently throughout the day.

Children's group assignments shall ensure continuity of care. The individual needs of each child shall be taken into consideration.

Each program shall provide developmentally appropriate activities for each age group, which promote the intellectual, social, emotional, and physical development of children.

The planned activities shall be in writing and made available to parents. The plan shall contain a description of how these activities meet developmental needs.

The developmental program shall include individual and small-group experiences that are both adult-initiated and child-initiated.

Room caregivers in each group shall develop and have a daily schedule posted. Activities, such as social/dramatic play, creative art, blocks, small motor development, language development, music, and large muscle activities will be offered daily. The T&C Specialist shall assist in developing schedules to ensure they are consistent with the NAEYC developmentally appropriate practice.

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The program and the environment shall be planned in such a manner as to provide each child an opportunity to develop independence. This should include responsibility for materials, personal belongings, and any other self-help activities appropriate for the child's age.

Programs will include active and passive activities that promote the child's self-esteem, self-confidence, and positive self-image. Each child should be recognized as an individual and respected for his choice of activities, privacy and background. Activities should encourage responsibility for appropriate behavior choices. The program should reflect the cultural diversity of the child and allow opportunities for children to investigate a variety of social and cultural backgrounds.

Each age group shall have an opportunity to spend a portion of the day outdoors. Time scheduled outdoors is adjusted for extreme temperatures. During inclement weather, the daily schedule should include indoor activities, which foster large muscle development.

Only television programs designed for children shall be used as part of the program activities. A maximum of 20 minutes of television/videotape time is allowed when planned and approved as a part of the lesson plan every 2 weeks.

Every full-day program will include an opportunity for a rest period. Supervised rest periods will be no more than 2 hours, for children under the age of 5 years who attend the CDC on a full-time basis. Children who do not sleep must have a quiet time with materials or activities that do not disturb the children who are resting.

Hourly care programs should be planned so that children can easily move in and out of activities and should include opportunities to play with an assortment of materials arranged in interest centers following NAEYC guidelines.

Field trips will be a part of the planned program. A permission slip signed by the parent will be on file for each specific trip off the installation. A blanket permission slip for field trips on the installation will be provided by the parent/guardian during the child's CDC registration process.

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Infant/Toddler Care. Each group of infants, pre-toddlers and toddlers shall have at least 1 regularly assigned full-time caregiver so there is consistency in staff and stability for the children.

Infants will be allowed to form and follow their own normal sleep and feeding schedules. As part of the registration process, parents should be asked to provide the child's schedule so that it can be adhered to within the group setting. Infants will be placed on their backs to sleep (unless indicated otherwise per physician's written instruction) and will not remain in cribs when awake.

There shall be opportunity throughout the day for the child to receive physical contact and attention such as being held, walked, talked to, etc. Adults will frequently talk and sing to children to encourage speech and language development.

Infants and toddlers will be encouraged to play with a wide variety of developmentally appropriate toys and materials. Activities will be provided which develop large and small muscles.

Each day non-walking children shall have the opportunity for freedom and movement such as creeping and crawling in an open space that is uncluttered. Children will be scheduled for outdoor activities daily.

Parents are responsible for supplying diapers for infants accordingly. Baby powder is known to cause lung irritation and will not be used. Pure cornstarch may be used. Toilet training will occur in a manner and time frame consistent with the child's developmental readiness. A plan will be coordinated between caregiver and the parents to provide consistent routines.

Infants requiring bottle feedings shall be fed on demand and should be held for feedings. Food provided by parents is limited to infant formulas and unopened jars of baby food. All bottles prepared daily, by parents, will be labeled and dated and require no mixing by CDP staff. Children on solid foods will be fed according to the group schedule. Per reference (a), CDP staff is not allowed to save unused portions of food or formula.

PROGRAM POLICIES

Discipline: CDC staff are interested in promoting self-control and appropriate social behavior in children. Positive methods are used to encourage development of these behaviors. CDC staff does not believe in nor do we practice corporal punishment or other frightening/humiliating disciplinary techniques. Positive methods are used to redirect children's inappropriate behaviors. Refer to CDC policies on child guidance and discipline and touch.

Toilet Training: CDC staff assist and support parents' toilet training efforts and will not start toilet training in the CDC until both the child's parents and caregivers feel the child is ready. Only disposable diapers will be used unless otherwise directed by the child's physician for medical reasons. Several pairs of training pants with rubber pants should be provided when your child begins toilet training. Pull-ups are an option only when used in conjunction with a documented toilet learning plan. Sufficient changes of clothing should be provided to allow for frequent accidents. Please discuss training techniques with your child's caregiver so that your child can experience continuity in adult expectations in this important area.

Clothing: Dress your child in clothing that is comfortable for a variety of active and sometimes messy activities. Please provide a complete change of clothing appropriate for the season and remember to mark your child's name clearly on all articles of clothing. Please replace clothing articles if they are sent home soiled. For your child's safety, no thongs should be worn. To promote self-help skills, we would discourage your sending a child in clothing he/she would be unable to manage, such as snowsuits, belts or one-piece clothing.

Jewelry: Please do not allow your child to wear jewelry to the CDC. This is discouraged because it is easily lost and can be a safety issue. Infants will not be accepted with any kind of jewelry. Please note this is true for infants' hair ribbons, bows, barrettes and rubber bands.

Celebrating Holidays: Holidays are viewed as special times to celebrate and as opportunities to teach the children about different traditions and cultures. Different holidays will be discussed in order to help the children understand and gain an appreciation of

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various traditions and cultures. If you have ideas, artifacts, etc., related to a specific holiday or cultural celebration, please inform the caregivers so these celebrations can be as enriching as possible.

If you do not celebrate holidays, please discuss your wishes with your child's caregiver.

Birthdays: Children in each activity room who have a birthday during the given month will celebrate their birthday with a cake prepared in the CDC kitchen on the last Friday in each month. Parents are welcome to bring in special napkins or decorations or share a special activity for the monthly birthday celebrations. **We ask that you not issue invitations to private parties through the CDC in order to protect the self-esteem of all children.**

Personal Belongings: On designated days children are allowed to bring personal items or toys to share during "Show and Tell." Caregivers will inform parents about these special days. Please do not allow your child to bring personal items to the CDC except at these times. To avoid loss and confusion, label all personal items. Please do not allow your child to bring breakable objects, money, toy guns, gum, candy, or projectile toys. Please speak to your child's caregiver regarding any special considerations.

Field Trips: Our program of activities includes visits to special places within the community. Special precautions are taken to ensure the safety of children on field trips. Parents will be notified in advance of planned field trips and will be required to give written permission. Parents' participation as chaperones will be encouraged and coordinated through your child's caregiver.

Outdoor Play: Your child's experiences on the playground at the CDC are an important part of our program and his/her development. The playground is viewed as an extension of the activity room. It combines opportunities for exploration, creativity and play. **We are required to take children outside each day, weather permitting.** Please send children dressed appropriately for outside play. **Due to staffing demands, it is impossible to allow children to stay inside while their group is outside.** If your child is too ill to participate in the daily schedule of activities, which includes outdoor play, he/she should remain at home.

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Photographing Children: Parents will be notified in advance of any individual not associated with the CDC who wishes to photograph children or CDC activities. Parent permission will be obtained prior to photographing by such individuals.

#### COMPLAINT PROCEDURES

Any complaints, comments, or suggestions for improvement should be brought to the attention of the CDC Director/Assistant Director to ensure expeditious resolution. We welcome patron input and encourage use of the MCCA Suggestion Box located in our lobby. We have a commitment to continuous quality improvement of the services we provide.

The following resources are a part of the CDCP. Should you need further information on Family Child Care, Youth Activities or Supplemental Programs and Services, please call 466-3595/5079.

#### FAMILY CHILD CARE PROGRAM

The Family Child Care Program is a mandatory program to certify providers in government quarters. The Family Child Care certification process must be pursued if a family member cares for a child or children for more than 10 childcare hours per week. A childcare hour is defined as 1 child/1 hour. The Family Child Care Program gives an Introduction to Family Child Care class every month to explain the program to prospective providers.

The Family Child Care Program is available to patrons who prefer a lower ratio and/or home environment. Options available in Family Child Care are full-time care, part-time care, hourly care and extended hours care. A list of certified providers may be obtained at the Resource and Referral office located in building 4629.

**Additional information regarding this program can be obtained from the Family Child Care Director at 252-466-4867.**

Youth Activities (YA) are conducted at the Cherry Tree House and encompass age appropriate fitness/sports, life skills/career opportunities and work force preparation, mentoring, citizenship, leadership, recreation and arts that support the needs of our youth

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ages 6 to 18. For information on specific programs contact the YA Manager at 466-4825.

#### RESOURCE AND REFERRAL SERVICES

The Resource and Referral Service consist of Resource and Referral Assistance, Parent Participation and Volunteer Services, Babysitter Training Information and Referral Service, facilitation of Parent Babysitting Co-ops and Short Term Alternative Child Care (STACC).

Resource and Referral Assistance includes: Child care information and referral for the local area, assistance in locating appropriate, affordable and accessible child care, assistance in selecting center or home care, and babysitter referral.

Parent Participation and Volunteer Services includes: Parent training, parent resource library, and volunteer training.

Parent Babysitting Co-ops include: Assisting with organization and loan of equipment.

Short Term Alternative Child Care (STACC) includes: Care provided after hours if the CDC is unavailable. Provision of STACC during CDC hours of operation is contingent upon availability of staff.

**The Resource and Referral Office is located in Bldg 4629. Telephone 252-466-3595/5079.**

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CHILD DEVELOPMENT CENTER  
PROCEDURES FOR SECURITY

1. All visitors must identify themselves, the purpose of their visit, log in and out of the CDC, and be escorted around the facility and its grounds. Routine maintenance personnel will be identified to the staff but will not necessarily be accompanied while performing their duties.
2. All staff members and volunteers must wear nametags at all times identifying them as employees.
3. All parents will sign their children in and out of the CDC and escort them to and from their activity areas. ID cards will be shown to CDC activity room staff daily upon pick up.
4. Parents must notify the CDC in writing when anyone other than the parents will pick up the child. The person must have proper identification and will be asked to show it to a staff member. Assigned pickups must be at least 16 years of age. In the event that a non-custodial parent attempts to take a child from the CDC without written authorization, PMO and the custodial parent will be notified immediately. In the event of physical force, the CDC will not endanger other children or staff members to prevent the parent from taking the child from the premises.
5. PMO will be called when any child is left at the CDC more than 1 hour after closing. PMO will try to locate the parents.
6. The CDC monitoring system is utilized at all times when children are present. Parents are afforded the opportunity to observe their child's activity room when requested.

CHILD DEVELOPMENT CENTER  
PROCEDURES FOR HEALTH AND SANITATION

1. Health:

a. Staff

(1) All staff will have a pre-employment health screening and annually thereafter. Included in the screening will be a test for tuberculosis and any other test/immunizations deemed necessary by Preventive Medicine, Naval Hospital.

(2) All CDP personnel and children will comply with prescribed procedures for hand washing. The procedures will be posted above each adult/child sink. Hand washing should take place at least at the following times and whenever hands are contaminated with bodily fluids: Before any food service activity including setting the table, before and after eating meals or snacks, after handling pets or other animals, after toileting or changing diapers, before water play, and when returning from outdoor play.

(3) Common towels or face cloths will not be used. Disposable towels, liquid soap, etc., will be at the child's level.

(4) Smoking or use of tobacco, alcohol, illegal drugs is prohibited in the CDP facility and on surrounding playgrounds.

(5) A first aid kit, which includes materials for the emergency cleaning and protection of wounds, will be accessible to all playgrounds and at the front desk.

b. Children

(1) No child will be admitted who is obviously ill; CDP caregivers will screen children daily for obvious signs of illness.

(2) A child sent home because of illness might not return the next day unless he/she has a doctor's statement indicating when the child may return to the CDC.

(3) School-age children dismissed from school due to illness may not be left at the CDC.



(4) Immunizations must be current for all children.

(5) Documentation of an annual health screening will be maintained for each child in the CDC office.

(6) Parents will be notified immediately if a child is ill or injured and will receive a written incident/accident report.

(7) Parents will be notified when their child has been exposed to a communicable illness.

(8) Children over 2 years of age enrolled for full-time care will brush their teeth.

(9) All walking children will wear shoes; all others must have foot covering.

## 2. Facilities and Equipment:

a. All surfaces will be cleaned at least once per day with an EPA-approved disinfectant solution.

b. A separate crib or cot will be assigned to each child in regular attendance.

c. Bed linen will be changed when soiled, wet or used by different children. At a minimum linens and blankets used by the same child will be washed weekly.

d. Cots will be cleaned at least weekly, and cribs will be cleaned on a daily basis.

e. Hourly care programs will ensure that cribs and cots are thoroughly cleaned between each use.

f. The parents will wash personal linens and blankets used by the same child, weekly.

g. Diaper changing areas will be made of a washable material, which is cleaned with a bleach solution after each use.

h. Only disposable diapers will be used unless directed in writing by the child's physician for medical reasons.

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i. All disposable diapers will be placed in containers lined with plastic and with tight-fitting lids. At least twice each day, these plastic liners will be closed and placed in outdoor refuse containers.

j. All trash in activity rooms will be emptied twice daily or whenever full and containers cleaned as necessary. Trash in offices and adult bathrooms will be emptied daily.

3. Food Service Sanitation:

a. Food service personnel will adhere to all sanitation procedures set forth in NAVMED P5010, Manual of Navy Preventive Medicine, chapter 1.

b. Food service personnel will receive basic food service training prior to beginning work and will receive refresher annually thereafter.

c. All kitchenware, eating and drinking utensils will be thoroughly cleaned after each use.

d. Refrigerators and freezers will be used to maintain foods at the required safe temperature.

e. No food items, except unopened jar food and formula for infants, may be brought from home into the CDC unless a child has a special dietary need and the need is documented by a physician.

f. Parents who choose to provide food and formula/breast milk for their infant, must daily prepare and label bottles at home. Only unopened baby food jars labeled with the child's name and date will be accepted. Sanitation regulations require staff to discard left over food and formula/milk after feeding. Bottles will be labeled and dated and require no mixing by CDP staff. All unused portions of food or milk/formula will be discarded at the end of each day.

CHILD DEVELOPMENT CENTER  
PROCEDURES FOR SAFETY

1. Fire Safety Procedures:

a. The Fire Inspector will conduct fire drills once a month. Results will be kept on file for 2 years.

b. The Fire Inspector will train all personnel in proper evacuation procedures, and evacuation plans will be posted in each room.

(1) All personnel in the buildings, including staff, children, parents and visitors must vacate the building during a fire drill. Re-entry will only be upon guidance from the Fire Inspector.

(2) All doors will be maintained in good working order. Exits will be unlocked while children are in the CDC.

(3) All appliances will be electrically grounded and inspected monthly by the Fire Inspector.

(4) All personnel will be trained in the proper use of fire extinguishers.

(5) Emergency numbers will be posted on every telephone and on the wall behind each telephone.

2. Evacuation and Relocation Procedures:

a. In the event of an emergency requiring relocation of children the following procedure will be followed:

(1) Children will evacuate the building following established procedures.

(2) Motor Transport will be contacted to provide emergency transportation vehicles.

(3) Children and staff will be transported to the Cherry Tree House (Bldg - 4415).

(4) Parents will be called to pick up children immediately.

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3. Facility and Child Safety Procedures:

- a. The facility will be maintained in good condition.
- b. All cleaning equipment and supplies will be kept out of the reach of children. Custodial and classroom supplies will be stored in a locked closet or storage room. No flammable, poisonous or caustic material will be stored outside the facility.
- c. Disinfecting solutions will be made from 1/4 cup of liquid bleach to 1 gallon of water. Containers for this solution will consist of spray bottles, which are appropriately labeled, dated and stored inaccessible to children. The solution should be changed daily. MSDS will be maintained for any custodial supplies utilized in the CDC.
- d. Children will not be permitted in the kitchen or storage areas.
- e. All floors must be kept clean, in good repair and free from slippery substances.
- f. All cribs, cots, furniture and linen will be kept clean and in good repair.
- g. All playground fencing will be checked for sharp edges.
- h. Playground equipment will meet Consumer Product Safety Commission guidelines.
- i. Cushiony material under play equipment will be checked to ensure that adequate protection is provided. Additional material will be added as needed.
- j. Playground surfaces must be maintained free from holes, branches, and other tripping hazards.
- k. Children will swing with their bottoms in the seat.
- l. Only caregivers will push the swings.
- m. Fall zones around the swings must remain free of other activities.

ENCLOSURE (5)

- n. Children will not be permitted to throw sand.
- o. Children will not be permitted to walk up the slides.
- p. Children will not push or crowd children climbing on the equipment.
- q. Children will not be permitted to climb on fences.
- r. A written report will be made after any accident or incident. Parents will be notified immediately if a child is injured. A copy of the written report will be given to the parent and one will remain on file in the CDC.

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#### BOMB THREAT RESPONSE

Bomb Threat Response. A bomb threat can be received as a suspicious package, a written message, or a telephone call. In the event a bomb threat is received by mail/package, CDC personnel will not handle the material. CDC management and PMO should be notified immediately at extension 911. The receiver of a telephone bomb threat should follow the bomb threat checklist, which is posted at each telephone. In the event of evacuation, no electrical equipment should be touched, a closed sign will be placed on the entrance of the CDC, all doors and windows will remain unlocked, and fire drill procedures will be followed with activity rooms exiting in the normal manner through the play yard gates out at least 750 feet away from the CDC. Rooms A through E from bldg 4298, will cross the street and proceed to the grassy area adjacent to the Gas Station. All other rooms in bldg 4298 and all rooms from bldg 4629 will evacuate toward Lanham Housing. PMO will conduct a search phase of the CDC. The CDC Director based upon recommendation of the PMO will authorize re-entry to the CDC.

ENCLOSURE (6)

CHILD DEVELOPMENT CENTER  
PROCEDURE FOR ADMINISTRATION OF MEDICATION

1. Designated personnel are authorized to administer medication within CDC according to physician's instructions. Individual administering medication will have received prior specialized training and will update that training annually. CDC personnel are not authorized to administer the EPIPEN, except under direction of Naval Hospital, Cherry Point ER physician.
2. Written permission from a parent or guardian must be obtained before administering medication using the "Release of Liability to Administer Medication Form". The form must have specific directions and completed in full. The health care provider must sign the form as well.
3. Children will be on medication at least 24 hours before CDC personnel administer dosage.
4. CDC staff can only administer medications on the authorized medication list. The Head, Pharmacy Department, Naval Hospital, Cherry Point, must review medications not included on this listing and recommendations must be forwarded, in writing, to the CDC. Administration of over the counter or PRN (as needed) medication **WILL BE LIMITED TO** topical creams and ointments, sunscreen and insect repellent (approved for use on young children). Appropriate "Release of Liability Form" must be completed prior to administering over the counter medication.
5. Medication will be:
  - a. In the original container with a childproof cap.
  - b. Dated with the physician's name and instructions for use.
  - c. Labeled with the child's name, name of medication, and dosage strength.
  - d. Stored according to instructions. All medications will be stored in a locked box. Medications for infants will be stored and administered in the activity room. Medications for all other children will be stored at the front desk or in the designated refrigerator. Children, ages pretoddler and older, will be given medications at the front desk.

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6. All medication will be secured and kept in a locked box, out of the reach of children.

7. Medication requiring refrigeration will be isolated within the refrigerator in a separate, secured container.

8. Medication will be returned to parents at the end of the specified time, or upon termination of child's attendance in the CDC.

9. All medication administered will be recorded using the "Record of Medication/Consent to Administer" form.

a. Each medication to be administered will require a separate form, which may be used for a 1 month period. Certain "non-toxic" medication, see attached list, only require a doctor's note of 1 year duration. The form will be maintained and filed in each child's folder monthly or upon completion of the medication period.

b. The time of each dosage and the initials of the person administering medication will be entered at the time the dosage is administered.

ENCLOSURE (7)



CHILD DEVELOPMENT CENTER  
**MEDICATION ADMINISTRATION POLICY**

Only the medications listed below are authorized to be administered by the CDC staff. Requests for the administration of medications not included on this list must be reviewed in writing by the Head, Pharmacy Department, Halyburton Naval Hospital and forwarded to the CDC with their recommendations. All medications must be accompanied with the completed "Release of Liability" form. Instructions for "PRN" or "as needed" use of medications is not authorized.

**Parents or medical personnel must administer the initial 24 hours (first day of newly prescribed medication) of any medication prior to CDC staff administration of such medication.**

Acetaminophen (Tylenol, Panadol)	Erythromycin (EES, E-Mycin, etc.)
Albuterol(Proventil, Ventolin)	Erythromycin-Sulfamethoxazole (Pediazole)
-(Inhaled, nebulizer, & syrup)	Hydrocortisone Cream with/without
Amoxicillin (Amoxil, etc.)	Moisturizer
Amoxicillin-Clavulanate(Aumentin)	Ibuprofen (Motrin)
Atarax	Loracarbef (Lorabid)
Azithromycin (Zithromax)	Methylphenidate (Ritalin)
Bacitracin Ointment	Metoclopramide (Reglan)
Beclomethasone Nasal (Vancenase,Beconase)	Normal Saline (Nebulizer use)
Benadryl	Nystatin Cream and Oral Solution
Carbamazepine (Tegretol)	Penicillin (Pen-Vee-K, etc.)
Cefaclor (Ceclor)	Phenobarbital (Luminal)
Cefadroxil (Velocef)	Sulfisoxazole (Gantrisin)
Cefalexin (Keflex)	Theophylline Solution and Sprinkles
Cefixime (Suprax)	(Theo-Dur, Slo-bid, etc.)
Cefpodoxime (Vantin)	Trimethoprim-Sulfamethoxazole(TMP-
Cefprozil (Cefzil)	SMX, Bacrim, Septra, Co-Trimoxazole)
Cefuroxime (Ceftin)	Valproic Acid (Depakene, Depakote)
Chlorpheniramine (CTM, etc)	
Clarithromycin (Biaxin)	
Clioquinol Cream (Vioform, Vioform HC)	
Clonidine (Catapres)	
Clotrimazole	
Cloxacillin (Cloxapen)	
Cromolyn Sodium (Intal)	
-(Inhaled, nebulier, & syrup)	
Dicloxacillin (Dynapen)	

**Diaper creams such as:**

-Desitin	-Aquaphor
-A&D	-Hyrosorbse
-Nystatin	-Hydrophor
-Zinc Oxide	-Moisturel Cream or Lotion
-Aveeno	-Neutrogena
-Vaseline	-Eucerin

**Topical creams:**

- Sunscreen-**only approved for children**
- Insect Repellent-**only approved for children**
- Lip Balm-**only approved by parent.**

ENCLOSURE (7)

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The diaper and topical creams require yearly prescription renewal, instead of the required monthly renewal. It is the parent's responsibility to make the CDC staff/FCC providers aware of any medications changes and to bring in appropriate documentation as needed.

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RELEASE OF LIABILITY  
FOR SKIN CARE PRODUCTS  
(To be completed by parent/guardian)

I am requesting that \_\_\_\_\_,  
(name of item being administered)

be applied to my child, \_\_\_\_\_,  
(child's name)

at the following times, \_\_\_\_\_.  
(directions for administering)

I the undersigned, so hereby release the United States, Department of Defense, Department of the Navy, United States Marine Corps, and their subdivisions, military and civilian personnel, agents and assigns from any and all liability for any sickness, physical or mental injuries, death or any and all damages that result to my child which occurs from CDC personnel administering the above.

\_\_\_\_\_  
(Parent/Guardian Signature, Date)

\_\_\_\_\_  
(Printed Name of Parent/Guardian)

\_\_\_\_\_  
(Signature of Witness, Date)

\_\_\_\_\_  
(Printed Name of Witness)

ENCLOSURE (7)

CHILD DEVELOPMENT PROGRAM  
RELEASE OF LIABILITY TO ADMINISTER MEDICATION

(To be completed by Health Care Provider)

Child's Name: \_\_\_\_\_  
Authorized Medication: \_\_\_\_\_  
Reason for Medication: \_\_\_\_\_  
Dosage: \_\_\_\_\_ Time Administered: \_\_\_\_\_  
Dates Authorized \_\_\_\_\_ to \_\_\_\_\_  
I, \_\_\_\_\_, hereby certify that no reasonable  
(Health Care Provider's Name)

alternative is available to satisfy the medical requirement for the  
aforementioned child. Further, I certify that it is not reasonable  
nor medically sound to adjust the medication schedule so that the  
prescribed medication need not be administered by Children  
Development Program staff or FCC Providers.

\_\_\_\_\_  
(Health Care Provider's Signature, Date)  
Signature

~~~~~  
(To be completed by Parent or Guardian)

In consideration of the authorized personnel of Marine Corps Air  
Station, Cherry Point, North Carolina, Children and Youth Program  
dispensing medication to my child, I, the undersigned, do hereby  
release the United States, Department of Defense, Department of the  
Navy, United States Marine Corps, and their subdivisions, military  
and civilian personnel, agents and assigns from any and all liability  
for any sickness, physical or mental injuries, death or any and all  
damages that result to \_\_\_\_\_ which occurs from  
(Name of Child, Age)  
said personnel administering \_\_\_\_\_  
(Name of Medication)

I understand, and have been instructed by my child's Health Care  
Provider, about the potential side effects and negative reactions  
that could result from the use of the medication named herein. I  
have provided the personnel at the Children and Youth Program the  
following restrictions and instructions in administering the above  
referenced medication to my child.

ENCLOSURE (7)



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**RECORD OF MEDICATION/CONSENT TO ADMINISTER**

Month/Year \_\_\_\_\_

<b>Child's Name:</b>		<b>DOB:</b>	
<b>Sponsor's Name:</b>		<b>Phone:</b>	
<b>Date Meds Received:</b>		<b>Date Returned to Parent:</b>	
<b>Name of Medication/Dosage:</b>			
<b>Date/Time</b>	<b>Signature</b>	<b>Date/Time</b>	<b>Signature</b>

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## DESTRUCTIVE WEATHER PLAN

The following actions are required during storm or destructive weather conditions.

### Condition V:

1. Secure from previous destructive weather condition. Threat has passed. Return to normal operations.
2. Report all storm damages to the Director, MCCA Personal Services, through the CDC Administrator, via Director of the CDC.

### Condition IV:

1. Take initial precautionary measures to protect property and facilities. Conduct inspection inside and outside to determine action to be taken.
2. Review all pertinent orders and directives.
3. Advise all personnel concerned of current condition.

### Condition III:

1. Ensure all materials that are likely to be dangerous, such as flying debris, are secured and stored.
2. Materials that can be damaged by water should be stored off the floor.

### Condition II:

1. Send children home.
2. Prepare to secure the CDC.
3. Accomplish all final precautionary actions, then turn off all water and electricity. Unplug all equipment/appliances not in use unless, it will be damaged by doing so.

ENCLOSURE (8)

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4. Alert essential personnel to be at their stations. Personnel on leave are not to be recalled. Married personnel will be authorized to go to, or remain at, their homes if their services can be spared.

Condition I:

All personnel will remain in quarters and hurricane shelters until Condition V is set, or as directed.

NOTE: If there is prediction or suspicion of impending destructive weather, the CDC Director should tune in to Channel 12 TV, Q-105 radio or call 466-3093. Additional information on procedures for destructive weather is contained in the Destructive Weather Manual, Air Station Order 3140.2L.

ENCLOSURE (8)

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#### PROCEDURES FOR CHILDREN WITH SPECIAL NEEDS

1. When a request for special needs care as cited in reference (a) is received, SNERT will make an assessment of accommodations needed. The team shall include, but is not limited to:

Child Development Program Administrator or Representative  
CDC Director or CDP Representative  
FCC Director or CDP Representative  
Training and Curriculum Specialist or CDP Representative  
Exceptional Family Member Program (EFMP) Coordinator  
Medical Personnel  
Parent/Guardian

2. Parents must acknowledge, in writing, their understanding that the program is not responsible for providing the child with services beyond those typically offered other enrolled children.

3. An assessment report prepared by the CDPA and sent to the CG for determination will include the following:

Physician's statement of the child's requirements  
Special accommodations required  
Impact of required accommodations on the CDP  
Staff training required prior to placement

4. The CG's decision to accept the child for care will consider that all the accommodating factors can be met without detrimental effects on programs for other children enrolled. If it is determined that accommodation of the special needs child would impose an undue hardship on the operation of the CDP, the Command will inform CMC (MRY).

5. A permanent record of the CG's decision and CMC (MRY) action will be maintained on file and will be subject to inspection review.

ENCLOSURE (9)



PARENT ADVISORY BOARD (PAB)

1. Function. The PAB acts in an advisory capacity providing recommendations for improving services in child development programs operated aboard the installation and will not, as a group, engage in the management and operation of the CDP.
2. Membership. The PAB will be composed of parents of children who participate in CDP on a regular basis. Selection of Board members shall reflect the population served. Ex-officio, non-voting members, at a minimum, should be the CDPA and the Parent Participation Program Coordinator.
3. Voting. All regular members of the PAB, except those designated as ex-officio, are voting members. The Chairperson will vote only when the subject is deadlocked by a tie vote. A business quorum shall consist of two thirds of the regular membership, less ex-officio personnel. A simple majority of the members present is required to approve or disapprove any issue.
4. Meetings. The PAB will meet at least quarterly or at the call of the Chairperson. Minutes will be kept at all meetings. The minutes and all recommendation for improving services and program operations will be forwarded to the CG via the CDPA for approval and action. Meetings will be open to all parents with children enrolled in any CDP.
5. Duties
  - a. Provide recommendation for expanding and improving services.
  - b. Meet once a quarter or more often, as directed. Minutes of meeting will be a matter of record and will be signed by the Chairperson.
6. Record of Proceedings. The content of the proceedings of each PAB meeting will be a matter of record, submitted to the CG for review and disposition, and will include:
  - a. The date and purpose of the meeting.
  - b. Members who were present and absent.

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c. Recommendations concerning any CDP matter. The Board's recommendations will be forwarded through the CDPA to the CG for review and approval/disapproval.

ENCLOSURE (10)